

RUNNING HEAD: COMPETITIVE INSECURE STRIVING AND SELF-HARM

Striving and Competing and its Relationship to Self-Harm in Young Adults

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Abstract

Previous research has found that competitive, insecure striving (striving to avoid inferiority) has strong links with psychopathologies, self-harm and appearance anxiety. However, with rates of self-harm in young people rising, it seems important to explore the link between competitive striving and self-harm in young adults. Ninety-two participants completed a series of questionnaires which measured striving to avoid inferiority, self-harm, psychopathologies, social comparison, goal orientation and self-ideals. The results showed that competitive insecure striving was a key predictor of self-harm, depression, anxiety and stress.

Keywords: Competition, ideals, inferiority, self-harm, striving.

Introduction

There is increasing research into how and why humans strive to be accepted, valued and to belong (Baumeister & Leary, 1995; Gilbert, 1998). For humans, social relationships are of paramount importance for survival (Baldwin, 1992; Bowlby, 1980; Buss, 2003; Gilbert, 1989, 1992). Thus, we have evolved mechanisms for monitoring our environments for social threats and adapt our behaviours accordingly to avoid inferior social rank positions that risk the loss of support and/or rejection (Gilbert, 1992, 2007). Some individuals are very sensitive to the competitive dynamics of groups and are concerned with their social rank (i.e. relative inferiority), they therefore feel under pressure to prove themselves to avoid shame and rejection (Gilbert, Broomhead, Irons et al., 2007; Gilbert, McEwan, Bellew, Mills & Gale, in press). Such individuals have been shown to be more vulnerable to psychopathologies (Gilbert et al., 2007, in press).

Dykman (1998) distinguished between two types of competitive behaviour, growth seeking and validation seeking. Validation seekers are insecure in their relations with others and pursue achievements to prove their worth, competence and likeability. In contrast, growth seekers are more secure and pursue achievements as opportunities for personal development. It follows that validation seekers are likely to be especially sensitive to social pressures to compete and prove themselves. It has been suggested that young adults face increased pressures to compete in areas such as education abilities, physical appearance and social relationships (Bellew, Gilbert, Mills et al., 2006; Hartley-Brewer, 2002; James, 1998, 2007; Parker, Walker, Low & Gamm, 2005). The consequences of failing to reach competitive standards may lead to feelings of inferiority and psychological distress. Self-harm in young adults is increasing (Fortune & Hawton, 2005; Dimmock, Grieves & Place, 2008). It is

suggested that rising rates of psychopathology might be linked to increases in competitive behaviour (Gilbert, 1989, James, 1998; Lasch, 1979).

Stevenson (2000) suggests that western culture today is based upon ‘the mindset of hierarchy’ and therefore awareness and concerns with ones social rank and social standing is increasingly accentuated, leading to pressures to compete and strive to avoid inferiority. Gilbert (1992, 2007) and Gilbert et al., (2007, in press) suggests that such external pressures to compete, orientate people to view relationships in hierarchical, dominate-subordinate, winner-loser, wanted-unwanted terms and brings on a mind-set that evolved to navigate hierarchal relationships. In this mind-set, insecure people are more prone to focus on social comparison, their relative inferiority, possibilities for defeat, vulnerability to subordination and rejection, with increased proneness to anxiety and depression (Gilbert, 1992, 2007). These suggestions are supported by research by Arrindell, Steptoe & Wardle, (2003) who found that rates of mental ill health and national levels of fear are higher in competitive rather than caring societies.

Current western, popular culture presented by the media has become a powerful source of social values and ideals for others to copy or live up to (Eckersley, 2006; James 1998, 2007). Erikson (1968) suggested that these ideals are absorbed and are highly influential between childhood and the transition to adulthood. One example refers to the body ideal of being thin, with studies reporting a relationship between thin-ideal media exposure and eating disorders symptoms (Harrison & Cantor, 1997; Harrison, 2000).

A key concern in the invigoration of competitive behaviour and insecurities concerning a sense of belonging/acceptance is how people cope with the resultant negative feelings that can emerge. One coping mechanism relates to self-harming and

risk-taking behaviour (e.g. cutting, hitting, alcohol, drugs misuse and driving recklessly on purpose). The Mental Health Foundation (2007) found that 1 in 12 young people perform self-harming acts with the majority occurring between the ages of 11 and 25. Common explanations for self-harm include: seeing self-harm performed by family members, drugs and alcohol misuse, sexual abuse, anxiety and depression. (Hawton, Rodham, Evans & Weatherall, 2002; Gratz, Dukes Conrad & Roemer, 2002; Sinclair & Green, 2005). Self-harm has also been seen as an emotion-focused coping strategy related to various insecurities (Evans, Hawton & Rodham, 2005). The relationship between competitive insecure striving and psychopathologies and self-harm has been established with a clinical population (Gilbert et al., 2007, in press). However, the relationship between self-harm and competitive insecure striving in young adults has not been explored.

Aims

This study aimed to explore the relationship between young adults, competitive insecure striving and self-harm behaviours. A secondary aim was to explore competitive insecure striving in relation to depression, anxiety and stress, social comparison, self-ideals and goal orientation. We hypothesized that competitive insecure striving would be associated with self-harm, depression, anxiety, stress, and unfavourable social comparison. We also hypothesised that validation seeking and failure to reach ideals would be associated with these variables and competitive insecure striving.

Method

Participants

Ninety-four undergraduate psychology students from the University of Derby (77 females, 13 males) completed six questionnaires. Two participants were removed as outliers on the basis of their scores deviating dramatically from the clusters seen in a scatter plot of the depression variable, leaving a total of 92 participants. The age range was 18-29 years (mean= 21.05, SD=2.47).

Measures

Striving to avoid inferiority scale (SAIS)

The Striving to Avoid Inferiority Scale (SAIS) was developed by Gilbert et al., (2007) and is a measure for assessing individuals perceived level of competition in terms of striving to avoid inferiority. The SAIS is a two part self-report measure. Part one measures a) beliefs about striving to compete and avoid inferiority (e.g. “I never feel my place in society is secure but have to strive to prove myself worthy of it”), b) feelings of acceptance by others whether one succeeds or fails and not having to compete (e.g. “If I make mistakes, I know other people will still like me”). Participants are asked to respond to the 31 items using a five-point Likert scale ranging from 0 (Never) to 4 (Always).

Part two consists of 11 items focusing on the reasons that individuals feel the need to compete and strive. There are three subscales relating to fears of losing out (e.g. “If you don’t compete with others and succeed you will miss out on opportunities”), fears of being overlooked (e.g. “If you don’t compete with others and succeed people will forget about you”) and fears of active rejection (e.g. “If you don’t compete with others and succeed others will push you away”). Participants respond using a 10-point scale ranging from ‘Don’t agree’ to ‘Completely agree’. Gilbert et al.,

(2007) found high reliability for both parts of the scale with Cronbach's alphas ranging from 0.87 to 0.94. Cronbach's alphas for this study are given in Table 1.

Self-Harm Inventory (SHI)

The Self-Harm Inventory (SHI) was developed by Sansone, Wiederman and Sansone (1998). It is a 22-item self-report questionnaire measuring an individual's history of self-harm behaviours. Items include questions such as "Have you ever intentionally, or on purpose, overdosed?" Participants respond with 'Yes' or 'No' as to whether they have performed the self-destructive act and if so, how many times. Although according to Sansone et al., (1998) alpha coefficients are not applicable to this scale, in this study the scale had good reliability (see Table 1).

Social Comparison Scale (SCS)

The Social Comparison Scale (SCS) was developed by Allan and Gilbert (1995) and measures individual's self-perceptions of how they compare with others. Participants rate themselves on 11 bipolar constructs on a 10-point scale. Each question has the proceeding statement of 'In relationship to others I feel...' and this is followed by 11 bipolar constructs. For example:

Inferior 1 2 3 4 5 6 7 8 9 10 Superior

Allan and Gilbert (1995) found a Cronbach's alpha of 0.87. The Cronbach's alpha for this study is given in Table 1.

Depression, Anxiety and Stress Scale (DASS21)

The DASS21 is a shortened version of the 42-item scale developed by Lovibond and Lovibond (1995). This scale consists of 21 items and measures

depression (e.g. “I felt down-hearted and blue”), anxiety (e.g. “I was aware of dryness of my mouth”) and stress (e.g. “I found it difficult to relax”). Participants are asked to rate how much each statement applied to them over the last week and answer using a four-point scale ranging from 0 ‘Did not apply to me at all’ to 3 ‘Applied to me very much, or most of the time’. Antony, Beig, Cox, Enns and Swinson (1998) found Cronbach’s alphas of 0.94 for depression, 0.87 for anxiety and 0.91 for stress. Cronbach’s alphas for this study are given in Table 1.

Goal Orientation Inventory (GOI)

The Goal Orientation Inventory (GOI) was developed by Dykman (1998) to measure attitudes towards ‘personal strivings’. It consists of two subscales measuring validation seeking (e.g. “Instead of just enjoying activities and social interactions, most situations to me feel like a major test of my basic worth, competence and likeability”) and growth seeking attitudes (e.g. “I look upon potential problems in life as opportunities for growth rather than as threats to my self-esteem”). Each subscale contains 18 items. Items are scored using a seven-point scale ranging from 1 (Strongly disagree) to 7 (Strongly agree). This scale has good reliability with Cronbach’s alphas of 0.97 for the validation seeking subscale and 0.96 for the growth-seeking subscale and an overall alpha of 0.96. Cronbach’s alphas for this study are given in Table 1.

Self-Ideals scale (SIS)

This scale was developed for this current study to measure a) the extent to which people set standards/ideals for themselves and b) the extent to which people feel they succeed or fail to meet these standards/ideals. There are three questions referring to setting standards; item 1 “Having standards is important to me”, item 2 “I

like to set high standards for myself” and item 3 “I feel good or bad about myself according to how I meet my standards”. There are three questions referring to success and failure in reaching or meeting these standards/ideals. These are as follows: item 4 “I feel I can live up to my ideals”, item 5 “I feel I fail to live up to my ideals” and item 6 “I am disappointed in myself”. Participants respond using a 10-point scale ranging from 1 (Not at all) to 10 (Very much so). Cronbach’s alphas for this study are given in Table 1.

Results

The data were analysed using SPSS version 14. Data were screened for normality of distribution and outliers using scatter plots. Two participants were removed as outliers. Skewness ranged from -0.70 to 0.77 and Kurtosis ranged from -0.70 to 0.99. However, subscales on the Self-Harm Inventory were slightly skewed (values ranging from 1.02 to 1.59). This was not believed to be of major concern because it was expected that rates of self-harm would be lower in a non-clinical population and thus scores would be positively skewed.

Factor Structure of the Self-Ideals Scale

The new scale was subjected to an independent exploratory factor analyses (Maximum Likelihood extraction) using promax rotation.

The analysis revealed a two factor solution. Factor one consisted of four items measuring the extent to which people feel they succeed or fail to meet their standards/ideals. The factor had an Eigenvalue of 1.91, explaining 31.77% of the variance. The factor loadings were .83 for item 5, .81 for item 6, -.63 for item 4 and .40 for item 3. However, item 3 (“I feel good or bad about myself according to

how I meet my standards”) had a high cross loading on factor two so this was excluded from further analysis and the final factor included three items.

Factor two measured the extent to which people set standards/ideals for themselves. The factor consisted of two items and had an Eigenvalue of 1.72 with factor loadings of .86 for item 2, .83 for item 1 and .86 for item 2A two item factor solution was not considered robust enough and indeed, when correlated with other variables, correlations were very low and non-significant. Therefore we dropped the Standards/Ideals factor items from the scale and from further analysis in this study.

Descriptives

The means, standard deviations and Cronbach’s alphas are presented in Table 1. The means and Cronbach’s alphas are similar to previous studies using a student population (e.g. Gilbert et al., 2007). In this study 12.2% reported they engaged in at least one form of self-harming behaviour and 60% reported engaging in multiple acts of self-harm. If we consider physical self-harm alone, 15.6% engaged in at least one act of self-harm and 28.8% reported multiple self-harm. If we consider non-physical self-harm alone 23.3% reported engaging in at least one act of self-harm, and 46.6% engaged in multiple acts of self-harm. A previous study by Cooper, Kapur, Dunning et al., (2006) 36.1% of 15-24 year olds reported engaging in self-harming behaviour.

Correlation analysis

The Pearson’s correlation coefficients are presented in Table 1.

[Insert Table 1 about here]

Competitive insecure striving, self-harm and psychopathologies

As hypothesised, competitive insecure striving was positively correlated with self-harm. In contrast, secure non-striving was negatively correlated with self-harm. Competitive insecure striving is also positively associated with depression, anxiety and stress whilst secure non-striving was negatively correlated with these variables. The fears of failing in competition to keep up (losing out, being overlooked, and activate rejection) were also associated with self-harm and depression, anxiety and stress.

Competitive insecure striving and social rank

Competitive insecure striving is significantly associated with inferior social comparison. Inferior social comparison is also associated with the various fears of losing out, being overlooked and being rejected. Inferior social comparison is associated with self-harm and depression, anxiety and stress.

Competitive insecure striving and Goal Orientation

Validation seeking showed a strong positive relationship with competitive insecure striving and fears of losing, being overlooked and being rejected. As noted by Gilbert et al., (2007) this implies that validation seekers are in a competitive mind-set and vigilant to social rejections. Moreover, validation seeking is associated with self-harm, depression, anxiety and stress – in complete contrast to growth seeking. Validation seeking is also associated with inferior social comparison.

Competitive insecure striving and self-ideals

Feeling that one is failing to live up to one's ideals/standards was related to all the study variables, in particular feeling inferior, validation seeking, and depression.

In summary, competitive insecure striving is highly associated with a range of psychological difficulties that link to: Various fears of losing out, being overlooked and being rejected; striving for validation; feeling inferior, self-harm; depression anxiety and stress. To explore the relationship of some of these variables further we conducted a series of multiple regressions.

Regression Analysis

A key focus of this study was to explore the degree to which competitive insecure striving may be linked to a variety of psychological difficulties. To explore this in more detail we conducted a series of four separate multiple regressions in regard to the relative contribution of the competitive variables (competitive insecure striving, social comparison and failure to reach ones standards/ideals) to self-harm, depression, anxiety and stress. We excluded validation seeking because it had a very high correlation with insecure competitive striving which when tested for multicollinearity, the VIF indicated that multicollinearity would bias the multiple regression.

Self-harm

The regression equation accounted for 14% of the variation in self-harm ($F=(3,82) 5.62, p<0.001$). Competitive insecure striving significantly contributed to the variance ($\beta = 0.27, p<0.05$).

Depression

The regression equation accounted for 45% of the variance in depression. ($F(3,82) = 24.02, p < 0.001$). Competitive insecure striving significantly contributed to the variance ($\beta = 0.35, p < 0.001$).

Anxiety

The regression equation accounted for 40% of the variance in anxiety ($F(3,82) = 19.75, p < 0.001$). Competitive insecure striving significantly contributed to the variance ($\beta = 0.53, p < 0.001$).

Stress

The regression equation accounted for 27% of the variation in stress ($F(3,82) = 11.52, p < 0.001$). Competitive insecure striving significantly contributed to the variance ($\beta = 0.42, p < 0.001$).

Discussion

This study aimed to explore the link between competitive insecure striving and self-harm and psychopathologies. The findings are consistent with other studies (Gilbert et al., 2007, in press) that competitive striving to avoid inferiority is linked to mental health problems, unfavourable social comparison and validation seeking. In contrast, feeling secure (accepted whether one succeeds or fails) and not under pressure to compete to prove oneself, is negatively associated with mental health problems. A new finding is that competitive striving is linked to self-harming behaviours. Our findings add to the increasing concerns of competitive insecure

striving within societies (Kasser, 2002; Gorney & Lang, 1980; Brandts, Riedla & Winden, 2006; Arrindell et al., 2003).

The association between competitive insecure striving and self-harm, stress, anxiety and depression suggests that an environment which places a large emphasis on competing and with an emphasis on achieving ideals, could negatively impact upon psychological health. In contrast, when people feel secure and not under pressure to compete, this is protective of mental health. Such findings open debates about the kinds of social climates in schools, work places, and wider social arenas that are best suited to psychological health and contentment (Gilbert, 2005).

A limitation of this study is its selective sample, as the majority of the participants were female and all participants were students. To progress to university level implies sensitivity to the competitive dynamic of education; that they have had to compete to gain their place in university and will strive to gain the highest degree level they can. It is unknown how the findings would generalise to other genders, age groups and cultures. Nonetheless, the study offers evidence for a link between competitive behaviour and self-harm and psychopathologies.

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Table 1: Means, standard deviations, alpha and correlations for all variables.

	SHI	IS	SNS	Losing out	Overlooked	Rejection	Soc Com	Dep	Anx	Stress	Validation	Growth	Success/Fail
IS	.37**												
SNS	-.16	-.55**											
Losing out	.25*	.61**	-.44**										
Overlooked	.36**	.70**	-.44**	.69**									
Rejection	.33**	.68**	-.44**	.46**	.68**								
Soc Com	-.28**	-.42**	.33**	-.24*	-.31**	-.29**							
Dep	.41**	.56**	-.33**	.30**	.36**	.50**	-.55**						
Anx	.44**	.62**	-.28**	.31**	.47**	.47**	-.40**	.67**					
Stress	.40**	.51**	-.19	.36**	.44**	.41**	-.37**	.70**	.73**				
Validation	.34**	.83**	-.56**	.50**	.63**	.61**	-.49**	.59**	.64**	.52**			
Growth	.09	-.28**	.43**	-.18	-.14	-.14	.25*	-.16	-.12	.00	-.35**		
Success/Fail	.27*	.42**	-.42**	.33**	.32**	.29**	-.54**	.51**	.37**	.32**	.43**	-.36**	
MEANS	2.97	34.41	32.02	16.92	19.66	14.00	63.58	5.37	4.71	8.01	64.33	78.88	13.49
SD	2.98	14.27	7.04	5.92	8.62	8.24	16.28	5.12	4.89	5.31	25.57	18.54	5.62
ALPHA	0.77	0.94	0.85	0.88	0.94	0.96	0.92	0.91	0.88	0.88	0.97	0.95	0.79

** $p < 0.01$ * $p < 0.05$

Key

SHI=Self Harm Inventory; IS= Insecure striving; SNS=Secure non-striving; Rejection=Active Rejection; Soc Com=Social comparison; Dep=Depression; Anx=Anxiety; Stress=Stress; Validation=Validation seeking; Growth=Growth seeking; Success/Fail=Failure to meet ideals.